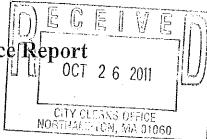


Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date: JANUA 17211 Ending Date: 04.21, 2011
Type of Report: (Check one)
8th day preceding preliminary 🔀 8th day preceding election 🗌 30 day after election 📗 year-end report . dissolution
DAVID S. ROTISTEN Candidate Full Name (if applicable) Committee Name Community Prosecution Committee A VRGE
Office Sought and District Name of Committee Treasurer
41.6 FLORENCE RD FLORENCE MA 01061 Residential Address Committee Mailing Address Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used:
fidavit of Committee Treasurer: partify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance in including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
ned under the penalties of perjury:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Cardidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Indeed under the penalties of perjury: (Candidate's signature) Date: 10 2711.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	age number on ea	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
911/11	DAVIDS. ROMSNEIN 416 FLORENCE PO, FLORENCE	\$500,00	US. DOF OF THE MARION	
10/1/11	416 Finare RO, Ronace, MA	\$134.78	V.S. ODPS OFTHE INTORION	
The state of the s				
Line 9: Total Receipt	ts over \$50 (or listed above)	\$634.78		
Line 10: Total Receip	ts \$50 and under* (not listed above)	Ø		
Line 11: TOTAL RE	CCEIPTS IN THE PERIOD	9634.78 €	Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

,	Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			L	
			,	
			-	
		over \$50 (or listed above)	B	5 - May 266
		s \$50 and under* (not listed above)	0	Set Paur Pose
		CEIPTS IN THE PERIOD ceipts of \$50 and under, include them in line 9.	Line 10 should	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report an expen	To Whom Paid	mittee name and a page number o	n each page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/7/11	60 DADDY. COM	14455 N. UNYOLD POSE 5200 STRONG, AT 85260	REGISTER DOMININ. NAME	17.16
9/18/11	GODARDY. COM	HUSS 4 HADONAD, STE IZE SCOTTS COLLE, AZ 85260	3 Marth WEBSITE DESKN MENGRESTIP	17,97
10/7/11	MICHAEL'S CRAPS	3.75 RUSSELL ST, B HADLEY, MY 01035	SHURPIES, PLASTIC BAKS, SUCTION CLAS	9.16
9/10/11	My Lucky Fortwie.	SECON WASHINGTON BLUD VESSUR MO 20194	700 Cusium Formi Carcies	138.90
9/14/11	Superchangs1645	9804 CRAY BLUD AUSTH, TX 78358	100 5x6125 + H-PUSTS	323,95
9/14/11	VSMUO. CUM	855 WARDENEW AVE, WITH 2. PER-LEGACE PET 1700	200 Minti - Business CAZOS	46.73
9/12/11	ZAZZIE.Com	1900 SEA POET BUND, FILY RESHOOD CATH, CA 194063-55816	400 Busness Carrs	8091
and the second				
·				
	. L	ine 12: Total Expenditures over	\$50 (or listed above)	634.18
	L	ine 13: Total Expenditures \$50 a	nd under* (not listed above)	φ
	ı	ine 14: TOTAL EXPENDITUE	ı	634.18

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
	:			
		·		
·				
				-
		Line 15: In-Kind Contributions ov	er \$50 (or listed above)	ϕ
	·	Line 16: In-Kind Contributions \$50		Ø
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CON	TRIBUTIONS	<u></u>

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amour
				-
				*
	<u></u>			
•				
			1	
	The second secon			
The state of the s				
	enter on page 1. line 7 → T.	ne 18: TOTAL OUTSTANDING		